

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.05146810

<b>Gross Claim</b>	\$	<b>3,997,032.33</b>
<b>State Hospital Offset</b>	\$	<b>319,439.72</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>126,344.19</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>4,994.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,546,254.42</b>
<b>YTD Amount:</b>	\$	<b>15,305,269.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 2/25/2011

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00020409

Gross Claim	\$	15,849.71
State Hospital Offset	\$	0.00
Managed Care Offset 1-18-11 to 2-7-11	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	15,849.71
YTD Amount:	\$	71,526.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
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**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00074726

<b>Gross Claim</b>	\$	<b>58,032.50</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>0.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>58,032.50</b>
<b>YTD Amount:</b>	\$	<b>261,793.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00636452

<b>Gross Claim</b>	\$	<b>494,271.06</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>62,899.98</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>431,371.08</b>
<b>YTD Amount:</b>	\$	<b>2,013,965.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00089493

Gross Claim	\$	69,500.61
State Hospital Offset	\$	0.00
Managed Care Offset 1-18-11 to 2-7-11	\$	4,840.17
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	64,660.44
YTD Amount:	\$	288,284.82

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**COLUSA COUNTY TREASURER**  
546 JAY ST

COLUSA CA 95932

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00072437

<b>Gross Claim</b>	\$	56,254.85
<b>State Hospital Offset</b>	\$	0.00
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	0.00
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	56,254.85
<b>YTD Amount:</b>	\$	253,870.89

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REMITTANCE ADVICE

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**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.02526526

<b>Gross Claim</b>	\$	<b>1,962,109.75</b>
<b>State Hospital Offset</b>	\$	<b>204,500.71</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>90,220.63</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>11,367.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,656,021.41</b>
<b>YTD Amount:</b>	\$	<b>7,158,487.01</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00098006

<b>Gross Claim</b>	\$	76,111.83
<b>State Hospital Offset</b>	\$	0.00
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	0.00
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	76,111.83
<b>YTD Amount:</b>	\$	334,266.14

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EL DORADO COUNTY TREASURER  
360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00318496

Gross Claim	\$	247,345.21
State Hospital Offset	\$	0.00
Managed Care Offset 1-18-11 to 2-7-11	\$	4,098.50
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	243,246.71
YTD Amount:	\$	1,110,425.93

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.02613026

<b>Gross Claim</b>	\$	<b>2,029,285.98</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>442,507.19</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,586,778.79</b>
<b>YTD Amount:</b>	\$	<b>6,775,226.46</b>

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**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA

95988

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00092326

<b>Gross Claim</b>	\$	71,700.72
<b>State Hospital Offset</b>	\$	0.00
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	5,784.00
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	65,916.72
<b>YTD Amount:</b>	\$	294,388.80

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00507104

Gross Claim	\$	393,818.91
State Hospital Offset	\$	0.00
Managed Care Offset 1-18-11 to 2-7-11	\$	5,471.02
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	388,347.89
YTD Amount:	\$	1,764,039.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00428252

<b>Gross Claim</b>	\$	<b>332,582.14</b>
<b>State Hospital Offset</b>	\$	<b>46,492.06</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>13,108.20</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>272,981.88</b>
<b>YTD Amount:</b>	\$	<b>1,107,329.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00102684

Gross Claim	\$	79,744.79
State Hospital Offset	\$	0.00
Managed Care Offset 1-18-11 to 2-7-11	\$	791.63
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	78,953.16
YTD Amount:	\$	357,003.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.01837808

<b>Gross Claim</b>	\$	<b>1,427,248.72</b>
<b>State Hospital Offset</b>	\$	<b>19,458.10</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>37,009.23</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>24,658.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,346,123.39</b>
<b>YTD Amount:</b>	\$	<b>5,888,356.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00338816

<b>Gross Claim</b>	\$	<b>263,125.80</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>21,289.22</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>241,836.58</b>
<b>YTD Amount:</b>	\$	<b>1,018,257.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00194232

Gross Claim	\$	150,841.31
State Hospital Offset	\$	34,565.20
Managed Care Offset 1-18-11 to 2-7-11	\$	20,028.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	96,248.11
YTD Amount:	\$	375,497.11

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REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 2/25/2011

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00097320

<b>Gross Claim</b>	\$	<b>75,579.08</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>0.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>75,579.08</b>
<b>YTD Amount:</b>	\$	<b>322,915.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.30583261

<b>Gross Claim</b>	\$	<b>23,751,077.44</b>
<b>State Hospital Offset</b>	\$	<b>2,944,497.05</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>2,847,931.73</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>35,224.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>17,923,424.66</b>
<b>YTD Amount:</b>	\$	<b>71,465,691.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00294844

<b>Gross Claim</b>	\$	<b>228,976.98</b>
<b>State Hospital Offset</b>	\$	<b>9,027.21</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>4,681.19</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>215,268.58</b>
<b>YTD Amount:</b>	\$	<b>846,870.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.01093908

<b>Gross Claim</b>	\$	<b>849,533.14</b>
<b>State Hospital Offset</b>	\$	<b>43,776.71</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>40,061.36</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>25,162.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>740,533.07</b>
<b>YTD Amount:</b>	\$	<b>3,307,328.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00055905

<b>Gross Claim</b>	\$	<b>43,416.04</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>6,060.87</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>37,355.17</b>
<b>YTD Amount:</b>	\$	<b>177,760.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00339825

Gross Claim	\$	263,909.39
State Hospital Offset	\$	0.00
Managed Care Offset 1-18-11 to 2-7-11	\$	9,035.95
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	15,600.00
Net Claim / Payment Amount	\$	239,273.44
YTD Amount:	\$	1,032,983.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00679110

<b>Gross Claim</b>	\$	<b>527,399.42</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>49,093.94</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>478,305.48</b>
<b>YTD Amount:</b>	\$	<b>2,280,401.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00054258

<b>Gross Claim</b>	\$	<b>42,136.97</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>1,120.50</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>41,016.47</b>
<b>YTD Amount:</b>	\$	<b>179,854.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00042946

<b>Gross Claim</b>	\$	<b>33,352.03</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>0.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>33,352.03</b>
<b>YTD Amount:</b>	\$	<b>143,022.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00954731

<b>Gross Claim</b>	\$	<b>741,447.75</b>
<b>State Hospital Offset</b>	\$	<b>58,312.86</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>24,732.90</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>658,401.99</b>
<b>YTD Amount:</b>	\$	<b>2,874,611.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00558460

<b>Gross Claim</b>	\$	<b>433,702.17</b>
<b>State Hospital Offset</b>	\$	<b>51,541.08</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>8,970.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>373,191.09</b>
<b>YTD Amount:</b>	\$	<b>1,439,678.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00227266

<b>Gross Claim</b>	\$	176,495.64
<b>State Hospital Offset</b>	\$	0.00
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	6,596.53
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	169,899.11
<b>YTD Amount:</b>	\$	778,791.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.05736069

<b>Gross Claim</b>	\$	<b>4,454,653.12</b>
<b>State Hospital Offset</b>	\$	<b>398,261.97</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>359,758.24</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>8,851.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,687,781.91</b>
<b>YTD Amount:</b>	\$	<b>15,171,492.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00448968

<b>Gross Claim</b>	\$	<b>348,670.27</b>
<b>State Hospital Offset</b>	\$	<b>24,756.75</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>2,982.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>320,931.52</b>
<b>YTD Amount:</b>	\$	<b>1,319,351.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00073844

<b>Gross Claim</b>	\$	<b>57,347.53</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>0.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>57,347.53</b>
<b>YTD Amount:</b>	\$	<b>256,197.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.03161942

<b>Gross Claim</b>	\$	<b>2,455,576.25</b>
<b>State Hospital Offset</b>	\$	<b>89,717.78</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>107,880.30</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>37,742.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,220,236.17</b>
<b>YTD Amount:</b>	\$	<b>9,654,337.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.03719600

<u>Gross Claim</u>	\$	2,888,655.59
State Hospital Offset	\$	272,887.29
Managed Care Offset 1-18-11 to 2-7-11	\$	183,208.12
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	2,432,560.18
YTD Amount:	\$	10,492,124.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00099303

<b>Gross Claim</b>	\$	77,119.09
<b>State Hospital Offset</b>	\$	0.00
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	82.00
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	77,037.09
<b>YTD Amount:</b>	\$	340,872.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.04141450

<b>Gross Claim</b>	\$	<b>3,216,265.91</b>
<b>State Hospital Offset</b>	\$	<b>217,899.81</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>468,040.68</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,530,325.42</b>
<b>YTD Amount:</b>	\$	<b>10,766,223.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.06880002

<b>Gross Claim</b>	\$	<b>5,343,035.87</b>
<b>State Hospital Offset</b>	\$	<b>188,055.48</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>863,679.80</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>15,304.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,275,996.59</b>
<b>YTD Amount:</b>	\$	<b>18,897,815.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

98514-2920

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.05730858

<b>Gross Claim</b>	\$	<b>4,450,606.24</b>
<b>State Hospital Offset</b>	\$	<b>635,391.45</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>124,883.69</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,690,331.10</b>
<b>YTD Amount:</b>	\$	<b>15,861,430.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.01837745

<b>Gross Claim</b>	\$	<b>1,427,199.80</b>
<b>State Hospital Offset</b>	\$	<b>44,337.20</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>20,326.84</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>296.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,362,239.76</b>
<b>YTD Amount:</b>	\$	<b>6,000,807.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00515115

<b>Gross Claim</b>	\$	<b>400,040.28</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>4,200.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>395,840.28</b>
<b>YTD Amount:</b>	\$	<b>1,744,013.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.02643391

<b>Gross Claim</b>	\$	<b>2,052,867.56</b>
<b>State Hospital Offset</b>	\$	<b>77,486.78</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>35,826.59</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>14,890.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,924,664.19</b>
<b>YTD Amount:</b>	\$	<b>8,583,158.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00991434

<b>Gross Claim</b>	\$	<b>769,951.44</b>
<b>State Hospital Offset</b>	\$	<b>10,210.48</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>5,363.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>15,896.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>738,481.96</b>
<b>YTD Amount:</b>	\$	<b>3,255,296.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.04686024

<b>Gross Claim</b>	\$	<b>3,639,184.16</b>
<b>State Hospital Offset</b>	\$	<b>574,509.28</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>330,507.65</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,734,167.23</b>
<b>YTD Amount:</b>	\$	<b>11,836,345.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00602420

<b>Gross Claim</b>	\$	<b>467,841.68</b>
<b>State Hospital Offset</b>	\$	<b>32,822.45</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>114,406.78</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>320,612.45</b>
<b>YTD Amount:</b>	\$	<b>1,403,908.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00536233

<b>Gross Claim</b>	\$	<b>416,440.60</b>
<b>State Hospital Offset</b>	\$	<b>38,861.58</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>18,488.68</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>359,090.34</b>
<b>YTD Amount:</b>	\$	<b>1,567,426.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00028471

<b>Gross Claim</b>	\$	<b>22,110.69</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>0.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>22,110.69</b>
<b>YTD Amount:</b>	\$	<b>99,783.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00141926

<b>Gross Claim</b>	\$	<b>110,220.27</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>11,520.58</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>98,699.69</b>
<b>YTD Amount:</b>	\$	<b>416,212.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.01093912

<b>Gross Claim</b>	\$	<b>849,536.24</b>
<b>State Hospital Offset</b>	\$	<b>24,442.57</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>4,996.61</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>111,717.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>708,380.06</b>
<b>YTD Amount:</b>	\$	<b>3,614,192.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.01150369

<b>Gross Claim</b>	\$	<b>893,380.96</b>
<b>State Hospital Offset</b>	\$	<b>15,497.35</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>62,195.40</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>31,200.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>784,488.21</b>
<b>YTD Amount:</b>	\$	<b>3,590,739.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.01168943

<b>Gross Claim</b>	\$	<b>907,805.60</b>
<b>State Hospital Offset</b>	\$	<b>74,188.76</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>137,939.88</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>695,676.96</b>
<b>YTD Amount:</b>	\$	<b>3,168,490.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**SUTTER COUNTY TREASURER**  
PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00460890

<b>Gross Claim</b>	\$	<b>357,928.94</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>24,835.01</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>333,093.93</b>
<b>YTD Amount:</b>	\$	<b>1,527,562.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00209188

<b>Gross Claim</b>	\$	<b>162,456.20</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>0.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>162,456.20</b>
<b>YTD Amount:</b>	\$	<b>652,076.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00058428

Gross Claim	\$	45,375.41
State Hospital Offset	\$	0.00
Managed Care Offset 1-18-11 to 2-7-11	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	45,375.41
YTD Amount:	\$	201,230.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.01173568

<b>Gross Claim</b>	\$	<b>911,397.40</b>
<b>State Hospital Offset</b>	\$	<b>41,339.20</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>146,541.25</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>12,581.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>710,935.95</b>
<b>YTD Amount:</b>	\$	<b>3,142,819.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00129600

<b>Gross Claim</b>	\$	<b>100,647.86</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>25,856.48</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>74,791.38</b>
<b>YTD Amount:</b>	\$	<b>374,729.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.01544085

<b>Gross Claim</b>	\$	<b>1,199,142.32</b>
<b>State Hospital Offset</b>	\$	<b>15,497.35</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>20,400.28</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,163,244.69</b>
<b>YTD Amount:</b>	\$	<b>5,132,749.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00518708

<u>Gross Claim</u>	\$	402,830.62
State Hospital Offset	\$	46,492.06
Managed Care Offset 1-18-11 to 2-7-11	\$	32,425.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	323,913.56
YTD Amount:	\$	1,458,443.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00200508

<b>Gross Claim</b>	\$	<b>155,715.28</b>
<b>State Hospital Offset</b>	\$	<b>0.00</b>
<b>Managed Care Offset 1-18-11 to 2-7-11</b>	\$	<b>0.00</b>
<b>State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>155,715.28</b>
<b>YTD Amount:</b>	\$	<b>702,723.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000166A  
PAYMENT ISSUE DATE: 2/25/2011

TRI-CITY MENTAL HEALTH  
2008 NORTH GAREY AVENUE

POMONA CA 91767

**Allocation of Sales Tax-Local Realignment, Mental Health.**

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$264,351,085.24	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$77,660,382.44	County/City Ratio:	0.00237569

Gross Claim	\$	184,496.99
State Hospital Offset	\$	0.00
Managed Care Offset 1-18-11 to 2-7-11	\$	0.00
State Hospital Offset Excess Use 2nd Half of 2009-10 Fiscal Year	\$	0.00
Net Claim / Payment Amount	\$	184,496.99
YTD Amount:	\$	832,614.86